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By: *Nancy Pizzo*
NANCY PIZZO

PATENT #9/ Elee WA

Atty. Docket No. 018158-018610US

Client Reference No. VX-1137US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

STARK et al.

Application No.: 10/006,992

Filed: December 6, 2001

For: DIRECT WAVEFRONT-BASED
CORNEAL ABLATION TREATMENT
PROGRAM

Examiner: SHAY, David M.

Art Unit: 3739

**RESPONSE TO RESTRICTION
REQUIREMENT**

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Sir:

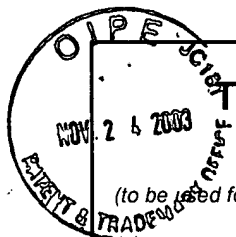
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TECHNOLOGY CENTER 13700

In response to the restriction requirement of October 27, 2003, Applicant's elect to prosecute Claims 18-20 of Group II, drawn to a method of determining the accuracy of a gradient array. Applicant's elect to prosecution these claims without traverse, and are herein canceling non-elected claims 1-17 and 21-35.

A copy of the pending claims starts on page 2 of this document.



TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/006,992
		Filing Date	December 6, 2001
		First Named Inventor	LAWRENCE W. STARK
		Art Unit	3739
		Examiner Name	SHAY, David M.
Total Number of Pages in This Submission		Attorney Docket Number	018158-018610US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual	Townsend and Townsend and Crew LLP Mark D. Barrish Reg. No. 36,443
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Signature		Date	11/21/2003